FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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UNIFORM LIMITED OFFERING EXEMPTION
Name of offering (☐ check if this is an amendment and name has changed, and indicate change.) BDS Capital Fund I, LLC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 RECEIVED Rule 505 RECEIVED Rule 505 Received Rule 506
A. BASIC IDENTIFICATION DATA JUN 9, 2 7,005
Enter the information requested about the issuer
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) BDS Capital Fund I, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) 80 Cuttermill Road, Great Neck, New York 11021 Telephone Number (including Area Code) (516) 482-5402
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (including Area Code)
Brief Description of Business: Investment fund formed to invest in securities of other companies.
Type of Business Organization Corporation business trust Imited partnership, already formed business trust Imited partnership, to be formed Thousant Company Howson other (please specify): Limited Liability Company Howson Financial
Month Year Actual or Estimated Date of Incorporation or Organization: [04] [2005] ☑ Actual ☐ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [DE] CN for Canada; FN for foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. □ Promoter □ Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: × Managing Partner Full name (Last name first, if individual) EBC Asset Management, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Huntington Quadrangle, Suite 4C18, Melville, NY 11747 Check Box(es) that Apply: □ Promoter □ Beneficial Owner Executive Officer* Director General and/or Managing Partner *Mr. Levine is an executive officer and director of the manager of the issuer. Full name (Last name first, if individual) Levine, Steven Business or Residence Address (Number and Street, City, State, Zip Code) 275 Madison Avenue, 12th Floor, New York, NY 10016 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer* Director General and/or Managing Partner *Mr. Nussbaum is an executive officer and director of the manager of the issuer. Full name (Last name first, if individual) Nussbaum, David M. Business or Residence Address (Number and Street, City, State, Zip Code) One Huntington Quadrangle, Suite 4C18, Melville, NY 11747 Check Box(es) that Apply: □ Promoter □ Beneficial Owner Executive Officer* Director General and/or Managing Partner *Mr. Rubenstein is an executive officer and director of the manager of the issuer. Full name (Last name first, if individual) Rubenstein, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 80 Cuttermill Road, Great Neck, NY 11021 Check Box(es) that Apply: □ Promoter □ Beneficial Owner Executive Officer* Director General and/or Managing Partner *Ms. Moore is an executive officer of the manager of the issuer. Full name (Last name first, if individual) Moore, Eileen A. Business or Residence Address (Number and Street, City, State, Zip Code) One Huntington Quadrangle, Suite 4C18, Melville, NY 11747 Check Box(es) that Apply: Promoter **Executive Officer** Beneficial Owner Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Promoter □ Beneficial Owner □ Executive Officer □ Director П Check Box(es) that Apply: Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

						B. INFO	RMATIC	N ABOU	T OFFEI	RING				
4	Lian the	innuer nele	4 02 4000	the issue	r intend to	anii ta na		ad investe	ra in this a	fforin = 2			Yes	No
1.	mas the	issuer solo	a, or does	the issue										<u> </u>
	1801:-	Ale a ancientes								nder ULOE			A 500	
_2. 	vvnat is	the minimu	ım investi	ment that	will be acc	eptea tron	n any indiv	/idual (but	lesser am	ounts may	be accept	(ea)	<u>\$ 500</u>	
3.		e offering p											Yes ⊠	No D
4.	commis If a pers state or	ne informat sion or sim son to be li states, list a broker or	nilar remu isted is at the name	neration for n associate of the bro	or solicitati ed person oker or de	ion of purc or agent aler. If mo	hasers in of a broke ore than fi	connection or deale ve (5) pers	n with sale r registere ons to be	es of secur d with the listed are	ities in the SEC and	offering. or with a		
Ful	Name (L	ast name fi	irst, if indi	vidual)										
Bu	siness or I	Residence	Address	(Number a	and Street,	City, Stat	e, Zip Cod	le)						
Na	me of Ass	ociated Bro	oker or De	ealer										
Sta		ich Person						ers	*					
	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	or check [AZ] [iA] [NV] [SD]	individual [AR] [KS] [NH] [TN]	States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [Wi]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
Fui	í Name (L	ast name fi	irst, if indi	vidual)		~~~								
Bu	siness or I	Residence	Address	(Number a	ind Street,	City, State	e, Zip Cod	le)						
Nai	ne of Ass	ociated Bro	oker or De	ealer							•			
Sta	tes in Wh	ich Person	Listed Ha	as Solicite	d or Intend	ls to Solici	t Purchase	ers						
	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	or check' [AZ] [IA] [NV] [SD]	individual [AR] [KS] [NH] [TN]	States) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	□ All States
Ful	l Name (L	ast name fi	irst, if indi	vidual)										
Bus	siness or f	Residence .	Address ((Number a	ind Street,	City, State	e, Zip Cod	e)						
Nai	ne of Ass	ociated Bro	ker or De	ealer			 ,	- 						
Sta		ich Person "All States" [AK] [IN]							[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
****	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]		[PR]	
									<u> </u>	is sheet, if				
												PROCEE	DS	
1.	"0" if ans	e aggregateswer is "not below the	ne" or "ze	ro." If the	transactio	n is an ex	change of	fering, che	ck this bo:	x 🗆 and inc				
	Type of	Security									Aggregate ffering Pri		Am	ount Already Sold
	Debt				***************************************					\$			\$	
	Equity									\$			<u>\$</u>	
		ible Securit		-						\$			\$	
		ship Interes								\$		Ì	\$	
	Other [N	/lembershi	p Interes	its]						\$	4,80	0,100	\$	4,800,100

Enter the number of accredited and non-accredited investors who have purchased

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "Q" if answer is "none" or "zero."		
	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors8	\$	4,800,100
	Non-accredited Investors0	\$	0
	Total (for filing Under Rule 504 only)	\$	
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering Type of		Dollar Amount
	Security		of Purchases
	Rule 505		
	Regulation A		
	Rule 504	<u>\$_</u> _	
	Total	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	\$	
	Printing and Engraving Costs	\$	1,000
	Legal Fees	<u>\$</u>	50,000
	Accounting Fees	\$	
	Blue sky fees	\$	1,500
	Sales Commissions (Specify finders' fees separately)	\$	2,000
	Other Expenses (identify):	\$	
	Total	\$	54,500
		-	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$	4,745,600
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees	\$	
	Purchase of real estate	\$	
	Purchase, rental or leasing and installation of machinery and equipment		
	Construction or leasing of plant buildings and facilities	\$	
	Acquisitions of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer		
	pursuant to a merger)	<u>\$</u>	

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C. OFFERING PRICE, NUMBER OF INVE	ESTORS, EXPENSES AND USE O	F PROCEE	EDS
Repayment of indebtedness			\$
Working capital			\$
Other (specify) [Investments]		×	\$ 4,745,600
Column Totals			\$ 4,745,600
Total Payments Listed (column totals added)			\$ 4,745,600
D. FEDER	RAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned signature constitutes an undertaking by the issuer to furnish to the U. information furnished by the issuer to any non-accredited investor pursual	S. Securities and exchange Commission	ce is filed ur on, upon wr	nder Rule 505, the following itten request of its staff, the
Issuer (Print or Type) BDS Capital Fund I, LLC	Signatule	Date	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Steven Levine	Chief Executive Officer of EBC As	set Manage	ment, Inc., Manager

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualifications provisions of such rule?
	Yes □ No 🗵
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly daused this notice to be signed on its behalf by the undersigned y authorized person.
Issi	uer (Print or Type) Signature Date
BD	S Capital Fund I, LLC
Nar	me of Signer (Print or Type) Title of Signer (Print or Type)
Ste	even Levine Chief Executive Officer of EBC Asset Management, Inc., Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX				
1 .	2 Intend to sell to Non- Accredited Investors in State (Part B – Item 1)		3 Type of Security and Aggregate Offering Price Offered in State (Part C – Item 1)		Type of In Amount Purci (Part C -	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
со									
CT									
DE									
DC									
FL			Membership Interests	1	\$1,000,000				
GA									
HI									
ID									
IL									
IN									
IA				-					
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									

1	2 Intend to sell to Non- Accredited Investors in State (Part B – Item 1)		3 Type of Security and Aggregate Offering Price Offered in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E ~ Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MS									
MO									
MT									
NE									
NV									
NH					***************************************				
NJ								 	
NM									
NY			Membership interests	6	\$2,800,100				
NC					_				
NC									
ОН									
ок									
OR									
PA									
RI								_	
sc									
SD									
TN									
TX	\								
UT	in the								
VT									
WA									
w				· · · · · · · · · · · · · · · · · · ·	**************************************				
WI									
WY									
PR									
Foreign 131237.			Membership interests	1	\$1,000,000				